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ORIGINAL ARTICLES.

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AN ADDRESS DELIVERED BEFORE THE HAHNEMANNIAN
INSTITUTE OF THE NEW YORK HOMŒOPATHIC
MEDICAL COLLEGE.

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By CARROLL DUNHAM, M. D.
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MR. PRESIDENT AND MEMBERS OF THE HAHNEMANNIAN INSTITUTE: The occasion on which you have done me the honor to invite me to address you, brings vividly to my mind a similar occasion, when, as is the case with you to-night, only twenty-four hours stood between *me* and my *long-desired sheep-skin*.

Measured by the standard of material changes, the interval which separates that time from the present, seems very long. The College-building, whose hard wood benches my three-years-sittings helped to polish, was, long ago, devoted to less noble uses. The Institution, following the "manifest destiny" of every dweller in Gotham, has been removed "farther up town." And of the illustrious Faculty, whose names add value to my diploma, only two remain to enjoy the consideration which, by lives of faithful service, they have fairly won.

But, measured by the vivid recollection of my anticipations and ambitions, as I stood on the threshold of professional life, the interval is short indeed.

Then, it seemed to me, that the profession I had chosen was the noblest to which a man could consecrate his life. Its record offered me the gathered wisdom of enlightened men of every generation since the days of Cadmus. Boundless and, as yet, untrodden fields, inviting original research, lay outspread before me, and I hoped and felt that every success that might crown my work in them would be a gain for humanity.

The idea of coming into relation with my fellow-men, as Healer of the sick and Averter of distress, was peculiarly agreeable; and I dwelt with intense satisfaction on the thought that success in the strife, to which this avocation called me, while it brought advantage to my patient, would entail defeat and loss on no one. Nor, though I knew that ours is not a money-making occupation, did I doubt that an honorable livelihood could be won by honest work.

As regards failures and disappointments, though I admitted theoretically that

all men must die, why, I fear that the buoyant hopefulness of youth spread a rosy cloud before my eyes when I looked towards this side of the picture.

Now, gentlemen, I wish to say to you that in no respect has experience changed my very high estimate of our profession, or disappointed the bright anticipations with which I entered it.

While I have come to see that honest and hard work will ennoble any calling, I still rank *our guild* the highest, and regard the ideal physician as the most literal follower of Him "who went about doing good."

Though experience may have cut down my youthful estimate of what we SURELY KNOW, I have seen such precious findings made by faithful delvers in the fields of original research that my hope of what we shall one day possess grows greater with every year.

Though it has come home to me not only that *all men must die*, but that many men *do* die or become disabled whom Art *might* and *should* have saved, on the other hand, I have myself seen such progress in the art of curing, that I have bright expectations for the future.

And, finally, my early anticipations, high as they certainly were, have been far exceeded by my realization of the pure and unalloyed pleasure which attends professional success; of the ties which come to unite the physician with his patient; of the attachments that are formed and the friendships that are won while we are in the line of professional duty. With such a testimony, gentlemen, I wish you joy of the career on which you are entering.

Preacher, poet, and painter have been wont to liken man's life to a voyage. The simile seems to me peculiarly apt as applying to a physician's life; and, if I presume to draw a moral from it, you will pardon me I am sure, remembering that a doctor's life-long habit is—to *give advice*.

The mariner equips his ship as well as the resources of the port will allow—supplies himself with implements of navigation, and provides beforehand, as well as he can, against the dangers of the sea.

Thus prepared and the voyage once begun, whatever befall him, if tempest drive him from his course, or disaster shatter his instruments or destroy his equipage, he must prosecute the voyage with such supplies as he started with. There is no chance for outside help—no stopping on the ocean to refit. Under such circumstances, coolness, courage, and determination animate the successful navigator; a clear perception of the principles of mechanics and navigation directs his efforts; invention and ready wit supply the place of shipyard and warehouse.

The heavenly bodies indicate his course and position, instead of the lost compass and chronometer; or, a skilfully adjusted sail performs the functions of the shattered rudder.

What various fortune befalls the mariner on different voyages! Sometimes, wafted by favoring gales, he passes easily from port to port. At others, storm after storm assails him, and all the perils of the sea encompass him; nor is it possible to foreknow what combinations of trial and danger may await him. Surely, then, he needs a ready mind, quick to observe and fertile in expedients.

Though educated to a reasonable knowledge of the winds and the sea, he is liable to meet unexpected currents, or shoals and reefs not marked upon the charts; and his days and nights are passed in a continual study of the elements on which and by which he moves.

These constant studies, and the requisite qualities of mind and body, give the

sailor success in his calling, and, as years go by, he accumulates stores of knowledge. This is valuable to himself; but how is it made useful to others of his profession, and thereby to mankind?

Why, in the first place, every captain keeps a *log*, which is a daily record of all that happens on board ship, and of such observations as are made. And then, not many years ago, there occurred at once to several men in different countries, the happy idea of collecting and collating the logs of vessels, that, from these records might, perchance, be learned something of the course and laws of storms and of ocean currents. And, as a first consequence, each out-going ship is now supplied with sailing directions, in the shape of statements of principles, whereby undoubtedly long voyages may be much shortened, threatening tempests avoided, the perils of the sea materially lessened, and the profits of the calling sensibly increased.

You, gentlemen, about to issue from port, are supplied with a good equipment, a reasonable knowledge of the diseases you are likely to encounter, and of the appliances with which to treat them. And, in most of the more critical emergencies of disease, you will be obliged to depend upon the equipment which you may chance to have at the moment. There will be no time to get additional supplies nor to call counsel. Like the sailor, then, you will need courage, coolness, a clear comprehension of the principles which are the basis of your art—a ready wit and prompt invention.

Do not suppose that your text-books have given you all the phases which disease may assume. As the mariner is swept out of his course by unknown currents, and narrowly escapes reefs not laid down upon the chart, so you will soon encounter combinations of morbid conditions, such as you had never heard of. These will be subjects for original study and profitable observation.

And as to remedies, you, in particular, as Homœopaths, have a vast domain awaiting your investigations. For do not imagine that the *Materia Medica*, as you have begun to study it in these halls, or as it promises to shape itself in the Encyclopedia, from which we hope for so much, embraces all that is comprehended under that title. And do not let yourselves sigh, with some of our guild, over the "great expanse of the *Materia Medica*."

Every substance in the universe, which has the power to change a tissue or modify a function of the healthy human body, has, by virtue of that power, the capacity to *cure* some diseased condition. And our *Materia Medica* will not be truly COMPLETE, until we shall know and have on record the properties, in this regard, of *every substance*.

Here, then, a field of study invites you, which is practically without limit; and in this field, if you observe at all, you must be continually acquiring knowledge.

And, now, will you not resolve, promptly, to discharge the debt which every man owes to his profession, the obligation to add something to the common store of knowledge?

As every navigator keeps a *log*, so I think it the duty of every doctor to keep a record of his observations and his reading. I beg you to begin this task at once—on the very first day of your professional career—pursue the habit steadily during the leisure of your first years of practice. It will "pay as it goes along;" but only when years have passed and the records have accumulated will you begin to realize their value.

And that a comparison and collation of logs may be possible, publish your record

at short intervals in the medical journals. If this were done systematically and by all members of our profession, it is impossible to overestimate the advantage that would result in the advancement of our art.

To these general suggestions let me add a few words to you, as *Homœopathic* physicians.

Entering the medical profession, you will find that you belong to a decided minority, towards which the majority occupies a position of unfriendly non-intercourse. This very position implies, on the part of the minority, the assumption, that, in the great end and aim of the medical art, *Therapeutics*, they have adopted and adhere to a better way than that of the majority.

You will *maintain* this assumption, and knowing in what school you have been trained, I believe your practice will *justify* it.

As towards your opponents of the old school, both sound ethics and sound policy require of you a strict observance of the proprieties and amenities of professional intercourse, even though you receive scant courtesy in return. It will not harm you to be recognized in the community, not only as *better physicians*, but likewise as *truer gentlemen*.

Towards such as, leaving the ranks of the old school, are feeling their way towards our position, and towards those who, having joined us, have but imperfectly learned, as yet, our glorious art, you will feel a fraternal charity and good-will.

Remembering that it is only by the assertion and exercise of our right to freedom of opinion and action that we have come to occupy our present position as practitioners of a *Science of Therapeutics*—remembering that thousands of our colleagues of the old school are prevented from joining us only by the fact that their societies and institutions *deny* to their members such liberty of action and opinion as would enable them to investigate and adopt our methods—considering that inasmuch as this denial of liberty works such harm in the old school, it could not fail equally to damage *us*, hindering the advancement of science and the following of Truth wherever she may lead—you will, I trust, ever oppose restrictive regulations and dogmatic articles of faith in our societies, and will *advocate Liberty as you practise Charity!*

But, gentlemen, true benevolence does not require that, while, of your abundance, you feed the hungry, you should from excess of sympathy go yourself *half fed*.

Charity does not demand that, while you lend a hand to lift your brother out of darkness, you should, in fraternal kindness, extinguish your own light.

Liberty does not ask that, when you strike a manacle from the hand of a fettered colleague, you should clap it upon *your own wrist*.

I have advocated liberty in our societies, urging that they should be *inclusive* and not *exclusive*, and on this subject I have no word to retract.

But I am not of that party who, to make it easy for men of the old school to come to us, would step from our platform and go half way to meet them. Not for a moment would I entertain the proposition to abandon one of our distinctive tenets or to strike the word "*Homœopathy*" from the titles of our societies or our journals. We must retain the name for the sake of that which it signifies. It expresses, as no other name could (and we need some designation to express the great fact), that while our opponents of the old school confess that with them *Therapeutics* is not a *Science*, but is *Chaos*, we possess a coherent and complete science of *Therapeutics*.

We have a Therapeutic law by which to adapt our remedy to the case before us. We have a peculiar method of "taking our cases," collecting as the basis of our prescription the congeries of phenomena which the individual patient presents, instead of prescribing for a nosological abstraction. We have, too, a way now fast being adopted by the old school, of ascertaining the therapeutic properties of drugs; and as regards pharmacodynamics, we hold that the therapeutic energy of drugs is not in direct proportion to their material quantity. This law, and these, its necessary consequences, are all expressed and comprehended among ourselves and in the community, in the word "Homœopathy." It designates our position. If we are ready to abandon our *position* we may drop the *name*. But until we *are* ready to do so, no consideration of policy, no impulse of conciliation should induce us to sink the name which expresses in one word our distinctive scientific faith.

If we unite with the old school, or with any portion of it, we can do so only on *this platform and under this name*.

In advocating liberty in our societies, gentlemen, I have always urged that it involves a "*great responsibility*." He who in any Association claims the liberty to move from the common platform may be reasonably asked to show that he thoroughly understands the platform from which he moves.

If a member of an Allopathic society were to proclaim his conviction that Homœopathy is "a better way," his fellows might properly ask whether he had already mastered the old methods. This is a part of the Responsibility which attaches to Liberty. And if one of our number propose, as an improvement, a deviation from our doctrines and practice as Hahnemann left them to us, we should hold him to this responsibility and require him to show that he is familiar with our literature and well skilled in the practice of strict Homœopathy, and therefore a *competent adviser*.

And so, gentlemen, if you should meet persuasive colleagues, even venerable men, who advocate as a measure of progress that in societies and journals we sink our distinctive name, or make less obtrusive some of our most obnoxious tenets, or abandon some of our procedures that are most offensive to the allopaths,—why, if you chance to be in the libraries of those colleagues, glance at their bookshelves, and note what books have been most diligently thumbed; ask what *Materia Medica* they use—what they think of the *Organon*—how they treat intermittent fever or dysentery.

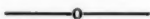
And, if one tell you that he never read the *Organon*, nor owned a copy; or another that he does not use Hahnemann's *Mat. Med.*, and another that he ceased to read the *Master* thirty years ago, you may regard these men as incompetent advisers—since they claim Liberty, not caring for the contingent Responsibility; and in so vital a matter as this which concerns human life, Liberty, without heed to Responsibility, is either wanton License or criminal Laziness.

And if, again, one write that, instead of individualizing his cases, he treats all intermittents alike and with quinine, and that in massive doses; or that, in dysentery, he has found no other way to give relief than by enemata of laudanum,—why then, if it would not be too saucy from a young man—I can think of nothing better than to tell these men that, before advising a modification of Homœopathic tenets to conciliate the old school, they should set themselves to find out what Homœopathy is and *how to practise it*, and you may advise them to attend a course of lectures in any Homœopathic Medical College of our country, for in any of them, and, certainly, in your own *Alma Mater*, they would learn that Homœopathy has resources far beyond the *methods they adopt*.

Time presses, gentlemen, and I see the impatient sheepskins awaiting their possessors, I therefore bid you farewell and wish for each a prosperous voyage.

Work manfully in whatever station Providence may allot you.

In sunshine and in storm, trust to the principles in which your Alma Mater has grounded you, and press forward whithersoever Truth may lead you. Let no siren's song beguile you from the deck of your gallant craft, and don't forget to keep your logs conscientiously, and to send them punctually for collation. "With malice towards none, with charity for all," do your duty in the profession, as God may give you to see your duty, and, gentlemen, "DON'T GIVE UP THE SHIP!"



THE APPLICATION OF REMEDIES TO THE PUERPERAL CONDITION.

By HENRY M. LEWIS, M. D., and HENRY MINTON, A. M., M. D.

(Continued from page 21.)

BORAX.

Pregnancy.—Easily startled or frightened. *Dread of going down stairs ; fears downward motion.* Flatulent distention of the abdomen after every meal. Frequent rising of air, even before breakfast. Nausea early in the morning ; nausea when driving. Qualmishness and sick feeling, as after long fasting, in the morning. Gagging resulting in the expulsion of a little water only ; relief after breakfast. Everything tastes bitter, even the saliva. Symptoms are worse in very warm weather.

During Labor.—The pains are accompanied by violent and frequent eructations. Sensitive to the least noise—the rustle of a paper makes her start. Fear of downward motion.

Breasts.—Contraction in the left mamma while the infant nurses at the right. Darting in the mamma, with pain after nursing, as if empty. Galactorrhœa ; milk flows out and coagulates. Aphthæ on the nipples, which bleed.

BORAX is said to be useful in cases of sterility, and also where conception takes place too readily. Erysipelas of face and legs in lying-in women or nursing women. It produces a profound impression on the female genital organs, and over the entire system during the term of pregnancy. Further provings and clinical observations will doubtless more clearly define its sphere of action, and rank it as one of our most useful remedies.

BRYONIA ALBA.

Pregnancy.—Lowness of spirits ; fears, apprehensions ; anxiety, uneasiness, and dread on account of the future. Fears of her inability to support her children or family. Headache in the morning on waking, aggravated by opening the eyes and by motion. The headache is a *pressure from within out in both temples*, as if the head would be rent asunder. There is great desire to lie down and to keep perfectly still. Nausea on waking in the morning, relieved by lying quiet, accompanied by empty eructations, with bitterness of the mouth and ptialism. Gulping up of phlegm early in the morning. Regurgitation of food. Vomits solids, and not fluids. Vomits immediately after eating or drinking. Bitter vomiting of bile and water, particularly after drinking immediately after a meal. Burning pressure in the stomach. Gastric derangements generally relieved by lying perfectly still. Dry tongue, coated white or yellow. Great dryness of the mouth, with *thirst for large quantities of water at a time, but not often*. Bowels constipated. The stools hard and dry, as if burnt, and too large, and are voided with difficulty. Long-continued burning at the anus after stool.

Protrusion of the rectum, with dry, tough stool. Urine red, brown, and scanty. Colic of pregnant women. Burning pain in the uterus. Nose bleeds at each menstrual nixus.

Abortion.—When there is pain in the back, and headache aggravated by motion ; burning pain in the uterus. The blood discharged is dark red. In cases where Bryonia is called for, we will find its characteristic *aversion to motion* prominently set forth. The lips and mouth are dry and parched ; thirst for water in large draughts ; nausea on sitting up ; splitting headache. The patient is sore all over as from a heavy cold. Constipation, indicative of this remedy, and other symptoms.

Before Labor.—Pain in the abdomen, followed by dragging pains in back and loins, brought on by anger or fit of passion. Temper is irritable ; bowels constipated ; aggravation of all symptoms on moving.

During Labor.—*Spasmodic labor pains* ; cessation of pains from anger. The pains seem to be all over her, extremities and all ; *they make her mad ; sick on attempting to raise up even the head from the pillow ; splitting headache ; she wants to lie perfectly still ; the mouth and lips are dry and she is thirsty ; drinks seldom, but in very large quantities*.



After Labor.—Hæmorrhage of dark red blood, which is discharged in large quantities, with violent pressive pain in the small of the back, and headache, particularly in the temples, as if the head would burst; nausea and faintness on moving; burning at the stomach during motion, with the hæmorrhage. *Colic.*

CONVULSIONS.—Bry. is sometimes indicated after the cessation of the spasms by the symptoms then present; the pulse full, abdomen tender, lips parched, much thirst, splitting headache, etc., etc.

After Pains.—Excited by motion, even taking a long breath brings them on, and where the general symptoms correspond.

PUERPERAL FEVER.—Glowing red face, profuse sweat; short, frequent, oppressed breathing; sad mood; dry, yellow-coated, and parched-looking tongue; sensitiveness of the tongue, loss of appetite and taste, continual lancinating pains in the region of the ovaries, increased by pressure; distention of the abdomen, constipation, cessation of the lochia, continual violent heat through the whole body, with violent thirst for cold water, the heat being interrupted by slight chills, causing paleness of the face; sometimes violent cutting pains in the thighs, aggravated by motion, and hard, frequent, small pulse. *Mammæ turgid with milk*, or the milk diminished or suppressed, breasts indurated and inflamed. *The patient lying perfectly still.* Typhoid condition.

PUERPERAL MANIA.—She is constantly tormented with the idea *that she will be unable to care for her child.* Vivid dreams the whole night about her every-day affairs. Dreams full of disputes and vexatious things.

PHLEGMASIA ALBA DOLENS.—Pale, tight, hot swellings of the limbs; phlegmonous inflammation of the feet; violent cutting pains in the thighs; drawing, lancinating pain from hip to foot, worse from touch or motion; copious sweating, general symptoms corresponding.

Breasts.—*Milk fever*; mastitis; mammæ as hard as a stone in lying-women who do not nurse. Painful, unequal, knotty swelling of the breasts from morbid development of them, or from a suppression of the milk; induration of the nipples. In milk fever it frequently is called for after Aconite, when there are rheumatic pains in the breasts. Useful in galactorrhœa, and complaints occasioned by weaning.

Bryonia is especially adapted to nervous, dry, slender, and bilious temperaments; to people easily irritated; to constitutions prone to suffer from rheumatic troubles; the aggravation from motion; the peculiar characteristic of the thirst, and the inability to rise on

account of the resulting nausea, make up a picture that we frequently find, and which this remedy will relieve, together with many other equally annoying troubles.

CALCAREA CARB.

Pregnancy.—Fancied diseases; hysteria, melancholy, whining mood, renouncing all hope of recovery; *fear of going crazy*, or that others will suppose she is so; despairing hopelessness, with fear of death; melancholy and depressed in the morning, in the afternoon gay and lively and self-satisfied; *cannot sleep after 3 A. M.*; *headache beginning, then lasts until the afternoon*; headache, with an increase of dandruff; aggravation of headache from going up stairs; falling off of the hair from the temples; toothache; *long-lasting heartburn after every meal*; frequent eructations, after eating tasting of the ingesta; waterbrash from taking milk; cannot bear tight clothing about her waist; constipation; stools large, hard, and white; varices of the rectum, which protrude and make even a loose stool painful; grape-like protrusions around the anus, inflamed, burning, and painful; hæmorrhage from the piles continuing until the patient is blanched and prostrated; stitches in the urethra; varices on the labia.

Abortion.—When the symptoms indicate.

During Labor.—The pains seem *to run upwards*, and do no good; a sort of reversal of the natural order.

After Labor.—Too long after-pains in women whose constitutional peculiarities accord with this remedy; great debility.

Lochia.—The lochia last too long; they present a milky appearance.

PHLEGMASIA ALBA DOLENS.—Whitish swelling of the feet and limbs; cold, damp feeling of the feet; cold all through the body.

In prescribing this remedy, we will find the general symptoms our best guides. In women of leucophlegmatic temperaments with scrofulous tendencies, where the menses have been usually too soon and too profuse; where there are cold, clammy feet, a lax muscular fibre, and a tendency to grow fat. People who sweat easily, especially about the head, and who are extremely sensitive to cold air. Where we find such a patient as I have thus attempted to describe, Calc. carb. will be found often applicable in the treatment of their disorders; curing the dyscrasia in which the morbid manifestations have their origin; puerperal fever, deficiency of milk in gal-

actorrhœa, may each, under certain circumstances, call for this remedy, while its peculiar power over the process of suppuration makes it an indispensable remedy in the treatment of broken breasts.

CANTHARIDES.

Pregnancy.—Restless; goes from one occupation to another; indisposed to any regular occupation; face is pale and bloated; pale sickly complexion; mouth dry, or else increased flow of saliva; difficulty of swallowing, particularly liquids; a stringent sensation in the pharynx; frequent empty eructations, affording relief; nausea while eating, and aversion to food. *Coffee brings on a sense of fulness in chest and abdomen; burning in the pylorus; vomiting and colic; sensitiveness of abdominal walls to touch; wants to urinate very often, constant promenade between the chamber and her chair; the pain during micturition makes her scream; cutting in the region of the kidneys and along the ureters; violent pressure and pain in the bladder; heat and burning in the bladder; paralysis of the neck of the bladder; violent cutting in the urethra; bends her double when she passes water, and makes her scream and cry out; tenesmus vesicæ; strangury; passes water sixty times an hour; urine may be profuse, but is generally scanty; urine white, red, muddy, bloody, sandy, full of mucous filaments, jelly-like; after micturition discharge of bloody mucus.*

Abortion taking place as a result of sympathy with diseased action in the urinary apparatus, and when the symptoms correspond.

Before Labor.—This remedy will frequently relieve the troublesome urinary symptoms, present shortly before labor, and which are generally ascribed to the dragging on the bladder by the uterus.

Labor.—The pains are violent and she screams out; characteristic urinary symptoms present; convulsions.

After Labor.—In hæmorrhage, when the symptoms indicate.

CONVULSIONS.—Violent puerperal convulsions where the other symptoms accord, and the spasms are excited by light touch, sound, or sight of water; *by touching the larynx; convulsions simulating those of hydrophobia; right-sided convulsions.*

CANTHARIS exerts its principal action on the genito-urinary system, and it is here we will find our most characteristic symptoms. The symptoms are marked by their *intensity*. It is suitable for sterile women. Cantharides promotes fecundity, expels moles, dead fetuses, and the placenta, says Jahr.

CAMPHOR.

Pregnancy.—*Great anguish. Confusion of ideas ; delirium.* Loss of consciousness, with rush of blood to the head. *Contracted pupils.* Constant pressure to urinate. Ischuria. Burning in the urethra while urinating. The pains generally disappear when thinking of them intently.

Abortion occurring during epidemics of influenza, when the general symptoms of this remedy prevail.

During Labor.—When the pains cease, the skin is cold, dry, and shrunken ; the patient does not want to be covered (200th potency). She is restless.

CAPSICUM ANNUM.

Pregnancy.—Merry and jesting, yet provoked to anger at each trivial cause. Important in *heartburn of pregnant women.* Bad effects from too free indulgence in coffee. Tensive pain from the abdomen toward the chest, as if caused by distention of the abdomen. Distention of the abdomen oppressing the breathing. Constipation, with great burning and smarting in the anus. Blind hæmorrhoids. Varices of the anus, very painful during stool. Itching and stinging of the varices.

Is best adapted to lazy, fat women, who are unclean and slovenly ; who have light hair and blue eyes ; who dislike the open air, and are peevish and easily vexed. Swelling, redness, and pain in the region of the os petrosus in pregnant women.

CARBO VEGETABILIS.

Pregnancy.—Restlessness and anxiety in the evening, from 4 to 6 P.M. Weakness of memory. Paleness of the face. Epistaxis and congestion of blood to the head (with piles). The gums bleed easily and often ; the mouth is scurvy-like ; tongue coated yellow or brown. *Sensation as if the œsophagus was contracted or entirely closed.* Desire for coffee ; aversion to meat and fat food. Acidity in the mouth after eating. The digestion is very feeble. The simplest kinds of food produce distress. Nausea in the morning. Eructations of the fat food. Has to eructate frequently, but it affords but temporary relief. Bloating abdomen after eating or drinking. Bad results of taking ice-cream or ice-water. Burning in the stomach after eating. *Distention of the abdomen, and immense discharges of flatus.* Cannot bear anything tight about the waist. Constipation. The stool lacks coherence and crumbles off ; it is surrounded by mucous filaments. Inactivity of the rectum. Burning mucus from

the rectum, especially at night. Smarting and burning of the rectum after stool. *Even the soft stool is discharged with difficulty.* Desire for stool, with only emissions of flatus, or at most a little dry-crumbly stool. The flatus, when discharged, is *terribly offensive.* Incarcerated flatus. Hæmorrhoidal tumors, large and blue, which itch and burn. Shooting pains in the loins, and stiffness of the back. The perinæum is sore and itching. At nights there is an oozing of humor from the parts. Discharge of viscid, musty-smelling humor from the rectum at night. Dark red urine, as if mixed with blood. Urine depositing a red sediment. The urine is turbid. Varices of labia and vagina, or of either, with suppression of urine. Itching of the genitals and perinæum. Varicose condition of rectum, vulva, and extremities. Aphthæ of the genitals; itching, but no pain.

Abortion.—Disposition to miscarriage. This remedy must be here prescribed as elsewhere, when the symptoms indicate. The varicose condition of the vulva may call our attention to it.

During Labor.—When the pains are too weak or cease entirely, with great debility, especially if this condition is consequent upon previous loss of animal fluids or debilitating diseases. A varicose condition of the vulva will also be an indication for this remedy. Hæmorrhoids, with attendant symptoms. The patient wants air, wants to be fanned.

After Labor.—Hæmorrhoids protruding and burning.

Erysipelatous inflammation of the mammæ; rhagades of the nipples; cardialgia of nursing women.

Carbo veg. may be of use in the worst forms of puerperal fever, where the intense inflammatory action is about to result in gangrene.

(To be continued.)

OPHTHALMIC THERAPEUTICS.

By T. F. ALLEN, M. D.

(Continued from page 24.)

ALUMINA.

OBJECTIVE.—The upper lids are weak, *seem to hang down as if paralyzed*, especially the left lid; redness of the conjunctiva; the lashes fall out; small pimples or incipient styes on the lids.

SUBJECTIVE.—Lids: * *Burning and dryness in the lids every evening,*

with pain in the int. canth. of l. eye, with much dry mucus in the morning on waking. * *Agglutination mornings; the eyes burn on being opened, with photophobia; in the canthi, itching; dryness and excoriation in the internal canthus; absence of lachrymation predominates and is characteristic.*

*In the eye in general the sensations are: * Burning, burning dryness, * burning on waking, especially on looking up; smarting and biting as from an acrid humor in the canthi; on closing the eyes but lightly, they are often spasmodically and suddenly contracted, with a sensation of pain; on trying to open the eyes in the night, they pain him as if they were oppressed with a sudden flood of bright sunlight, even in darkness; pressure on the eyes (and balls)—cannot open them; also with photophobia.*

Vision.— Dim, as through a fog, or as if hairs or feathers were before vision. * In the evening the vision is dim and eyes dry so that she can not use them. Flickering and spots before vision; objects appear yellow; (also Canth., Kali bi., Sepia,?); (after blowing nose white stars sparkle before vision); on closing eyes, a light before them.*

Clinical.—Alumina is indicated in chronic inflammations of the lids and conjunctiva, especially in chronic Blepharitis (compare *Graphites*). There is a dryness and smarting, without much destruction of tissue (ulceration), and without great thickening of the lid. Some chronic granular lids yield only to this drug (often administered by some, locally, as the Aluminate of copper). The symptoms of loss of power in the upper lids, are often met with in old dry cases of granulations; in these cases Alumina does good. The evening dryness and dimness of the eyes, with inability to use them, has been verified by me in cases of chronic dry catarrh.

A very remarkable case of "Amaurosis," cured by metallic Aluminium 200th, was reported in the A. H. Z., Vol. 54, by Boenninghausen.

The history details an inflammation attacking the eyes after childbirth, treated allopathically, till "Amaurosis" (*sic*) destroyed the left eye and began to affect the right. "The eye (vision) was most obscured in bright sunlight, and she could only make her way about the streets in the twilight; no colors before vision; everything black and dark; constant headache—worse toward evening and on motion; sweats easily. *Bell.* was first given to arrest progress of disease in right eye, which it did decidedly; then *Con.*, "which acts markedly on the left eye;" then *Bell.* again, with effect to stop the clouds which began to re-appear over the right eye. She became



pregnant, and other complaints interfered with the eye treatment. In three months she complained of a yellow spot before the eye if she looked at white objects; this soon disappeared after a dose of *Ammon. Carb.*

After confinement she had various remedies and other treatment for a time, under which she became *stone blind*. She again improved under *Sulph.*, *Calc.*, *Caut.*, and *Sep.*, so that she could see her way about, but the eyes were very dim; the sleep disturbed by dreams, constipation and headache were complications. Having just received *Alumin. met.* 200; he dissolved some in six spoonfuls of water, and ordered a spoonful night and morning for three days. The result was astonishing; complete restoration of vision (as good as formerly), and relief in other respects.

COMPARE.—Dryness and burning in eyes, with *Berberis*, *Natrum carb.* and *Nat. sulph*; dryness, etc., on reading, with *Groc.* and *Arg. nit.*; drooping lids, etc.; *Nux mos.*, *Sepia* and *Rhus*.

Alumina lacks the moisture, tendency to crack, especially in the external canthus, of *Graphites*. *Alumina* affects more the internal canthus, though not so predominantly so as *Zincum*. *Alumina* cases are usually relieved by washing the eyes.

AMMON. CARB.

* *Eyes weak and watery*; the child winks continually. * *Lachrymation after reading*. Conjunctiva congested, with lachrymation. Itching, biting, and burning in the eyes, relieved by rubbing. Photophobia, evenings.

Vision.—A large black spot floats before vision after sewing. Double vision, both distant and near, when making an effort. (When sneezing white stars sparkle before his eyes.)*

Clinical.—*Ammon. carb.* is especially serviceable in cases of muscular asthenopia (affections from overstraining the eyes by prolonged sewing, etc.); compare *Ruta.*, *Coccul.*, *Nat. mur.*, etc. On referring to Boenninghausen's case under *Alumina* it will be seen that he cured "yellow spots on looking at white objects" with *Ammon. carb.* So far as we know, this is a clinical symptom, but seems to have been one on which B. relied.

* It will be noticed that an identical symptom was experienced by the same prover (N-g.) while proving *Alumina*, only then it occurred while blowing the nose!

AMMON. MUR.

Twitchings and jerking in lower lids and in eyes; passes off by rubbing; sensation of a hammering from a large body over the right orbit; tearing in right upper orbital harder; first aggravated, then relieved by pressure; tearing in the eyeballs; pains in the eyes; *burning* in the eyes, especially in the canthi; mornings, on rising, cannot look at the light, passes off after washing; eyes burn at night, with profuse lachrymation; agglutination of the eyes, early on waking, with burning after washing.

Vision.—Mist before vision, worse in open air; mist before vision mornings, relieved by washing; sensation as if a body rose up in the eye and prevented vision, forenoon; yellow spot before vision, on sewing and on looking from the window down into the garden (see *Ammon, Carb.*) [note].

ANTIMON. CRUD.

Objective.—White pimples on the brow, painful to touch; * small humid spots in the external canthus, which are very painful if sweat touches them; * mucus in the canthi mornings, with dry crusts on the lids; * eyes red and inflamed, with itching and agglutination nights, and photobobia mornings; lids red, with fine stitches in the ball.

Subjective.—Sharp stitches in lower part of left orbit. *Itching in the canthi.

Clinical.—This drug has cured, or assisted to cure, some obstinate cases of blepharitis, which occurred in children. Its eye symptoms compare closely with those of *Graphites*.

APIS.

OBJECTIVE.—**Lids swollen, œdematous; often everted; * the upper lid hangs like a sack over the eye. * Erysipelas of the lids; they are dark-bluish red, and so swollen as to close the eyes, following severe pains; the swelling extends around the eyes and down over the cheek. Points of matter like styes form on the lower lid.*

**The conjunctiva becomes congested, puffy, chemosed, full of dark-red veins.*

**The cornea is dim and smoky, is thickened or covered with small ulcers.*°

LACHRYMATION.—**Hot, spirts out of the eye. *Lachrym. with burning in the eyes, and with photophobia. *Lachrym. with itching in eyes; with pains in the throat and head, especially in the forehead; *with*

*pain on looking at bright objects ; * with severe burning and sensation of a foreign body in the eyes ; * with pains in the eyes on sewing, evenings.*

Twitchings and jerkings in the left eye, worse at night.

SUBJECTIVE.—*Burning and stinging in the brows, and burning itching over the brows.*

** Soreness of the lids and canthi, with agglutination ; * lids sore and red, with mucous discharge. * Itching and stinging in the lids ; * smarting of the edges of the lids and canthi ; * burning of the edges of the lids causes lachrym. Severe stinging in the right lower lid mornings ; * stinging, itching in the internal canthi, or smarting of edges of lids. Canthi sore ; severe pain in the left lachrymal canal and around the opening of the ducts.*

Ball.—** Stinging, itching, and twitching of the left ball ; stinging in the ball and pain across the forehead. Pain around the left ball. Dull and heavy pains draw through the ball. Pressive pain in the lower part of the ball, with itching in the internal canthi. Aching, pressing in the lower part of the left ball. * Fulness inside the ball, with flushed head and face.*

Eye in General.—** Burning and smarting, with red conjunctiva and photophobia. * Burning in left eye. * Burning, stinging, and swollen feeling around the eyes and in the brows. Burning, stinging in the right eye begins with dull heaviness, and causes lachrym. Stinging itching in the left eye, or around the eyes, or with a sensation as if the eyes were full of mucus. Boring and stinging in the eyes forenoons. * Severe shooting pains over the right eye extend into the ball. Pains around and in the eyes. * Stinging pains. Dull heaviness in eyes at times, with inclination to close them. * Pains on sewing. * Most dreadful pains shoot through the eye in inflammations. * Pains, throbbing and burning. * Pains aggravated by moving the eyes.*

Vision.—** Photophobia ; light is painful ; is disinclined to use the eyes ; with feeling of fulness. * Photophobia with headache ; with red eyes. Sensation of something whirling before the vision, with transient difficulty in sewing ; becomes black before vision. * Eyes pain, and easily fatigued on exertion.*

Clinical.—*The clinical record of this drug is very important, verifying nearly all the symptoms. It is especially applicable in inflammations with burning, biting pains ; inflammations following eruptive diseases. Inflammations with severe shooting pains, heat of the head, red face, cold feet, etc. Erysipelatous inflammations of the lids, with adjacent smooth swelling of the face, especially with chemosed conjunctiva, etc. Various forms of blepharitis, with thickening or swelling of the lid, such as incipient phlegmon, with*

great puffiness and stinging pains ; chronic blepharitis, with thickening of conjunctival layer, so that the lower lid is everted. These swollen and everted lids often accompany chronic catarrhs, with corneal troubles, which may call for Apis.

Some cases of ulceration of the margins of the lids and canthi, with stinging pains, are reported.

Violent cases of Egyptian ophthalmia, and Ophthal. neonatorum, with great swelling of the lids and adjacent cellular tissue, are reported.

Various and severe forms of *Keratitis* have been cured by Apis. *Keratitis* with dreadful pains shooting through the eye, with swollen lids and conjunctiva ; with hot lachrymation gushing out on opening the eyes ; with photophobia (see *Rhus*). Pustular *Keratitis*, with dark red chemosed conjunctiva and swollen lids. Ulceration of the cornea, vascular, with photo., lachrym., and burning pain ; lids everted and often ulcerated on the margins.

Scrofulous *Keratitis* (parenchymatous), with dim vascular cornea, hot lachrym., contracted pupil, etc. Opacities of the cornea have been reported cured, and even "staphyloma" (*sic.*).

Asthenopic troubles, especially affections from using eyes at night, causing redness of the eyes, with lachrym. and stinging pains.

A case of Hydrops retinæ, with "pressive pain in the lower part of the ball, with flushed face and head," was partially relieved by Apis, but not cured.

The eye (and other) symptoms are aggravated in the evening and fore part of the night.

The character of the pains will generally serve to distinguish the *Apis* from the *Rhus* cases, which, objectively, are very similar.

Apis does not seem to control suppurative inflammations of the deep structures of the eye as does *Rhus*, though the chemosis of the conjunctiva and puffiness of the lids might seem to indicate it; these cases are at first generally painless, and the external swelling is not bright red, as are the local and external troubles of *Apis*.

The burning hot lachrymation calls to mind *Arsenicum*, but the discharges are not acrid and excoriating in *Apis*, though they feel burning hot; besides, the *Arsenicum* cases usually present a well-marked general cachexia.

Kali bichrom. may be indicated when the lids are swollen, and even oedematous. *Kali hydriod.* has also swollen, red, and ulcerated lids, etc.

(To be continued.)

SURGERY.

REMOVAL OF A LARGE "RECURRENT FIBROID" (SPINDLE-SHAPED SARCOMA)
FROM THE NECK; RECURRENCE IN THREE LOCALITIES.

By WM. TOD HELMUTH, M. D.

It is not an easy matter in these days to reconcile all the varied terms which are applied to tumors; not only because the significance of such terms is constantly changing, but because different authors have arranged and classified tumors according to their own especial observations, and also because new investigations are daily demonstrating new facts belonging to "tumor tendencies," if I may be permitted to use such a term.

For instance, in the so-called semi-malignant groups, as well as in the entirely heterologous formations, auto-infection of the surrounding tissues of gland substance, or of the contents of the splanchnic cavities, has been found to differ materially; one variety having apparently a more specific tendency to invade certain structures than others. When this sympathy is more perfectly understood and demonstrated, which, in time, it undoubtedly will, then a more precise classification of all tumors will be arrived at, and each formation placed where it belongs, according to the peculiarities of its infectious tendencies. "Now these discoveries are in the flower-state; the fruit period is not yet."

It is a generally accepted fact, at the present, that all the tissues of the human body are developed from one or other of the three embryonic germ layers, and that each layer has its specified function in the production of certain tissues, and that this law holds good throughout life. The so-called innocent, benign, non-malignant, or homœoplastic new growths may be considered as the proliferation of cells of one or other of the mother tissues, whereas the malignant or heterologous formations are composed of entirely new cellular elements, by what are termed wandering cells, leucocytes or the "indifferent formative cells" of Billroth, having their origin in the blood. These latter are especially noted in what are termed the "connective tissue series."

On this basis a part of the classification of tumors into innocent and malignant is founded, which, together with an observance of the life, course, and termination of abnormal growths, will generally lead the student to a correct diagnosis of the more perfect forms of each. Thus the tendency to infiltration, to ulceration, to hæmor-

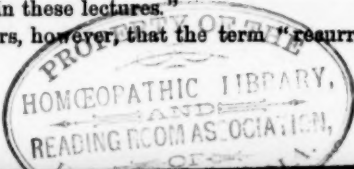
rhage, and to recurrence after removal, mark the malignant, while the reverse is true of the homeoplastic varieties. But, between these two great divisions, there exists a third variety which often partakes of the nature of both, and it is this that renders it almost impossible to draw the exact line of demarcation between the one and the other, enabling us to say, "here ends the benign, and here begins the malignant," and *vice versa*.

Another obstacle encountered in describing certain tumors is the different nomenclature adopted by different pathologists. Thus the "myeloid tumor" of Sir James Paget, is "the giant-celled sarcoma" of Virchow; "the recurrent fibroid" of Paget is the "spindle-shaped sarcoma" of the German pathologists, or the fibro-plastic of Lebert; "the sero-cystic sarcoma" of Brodie, include "the glandular proliferous cysts" of Paget, to which we have added a very great variety of sarcomata, as mucous-sarcoma, net-celled sarcoma, granulation sarcoma, alveolar sarcoma, pigmentary sarcoma, round-celled sarcoma, and so on *ad infinitum*.

If we add to this, the difference in the acceptation of the term "Sarcoma," another difficulty will be presented. The term may mean (and was for a time so understood) "fleshy;" then, again, it was used to express the myoma or muscular formations; afterward, a sarcoma was a species of growth composed of an extraordinary preponderance of cell elements, and deficiency of alveolar substance; and, finally, the Germans especially apply it "to the series of connective substances, which are distinguished from the tumors formed of the connective tissues, by the preponderating development of cell element."

By sarcoma, should be understood a matrix or stroma, intermediate and surrounding cells of varied character, the precise character of the cell-element giving the peculiarity to the formation, hence the diversity of names. It is from the great variety of these elements that Paget objects to the term, for he says: "After a careful consideration of the matter, we are inclined to think that the group is too vague, and is made to embrace tumors which are too diverse, both in color, consistence, vascularity, structure, mode of growth, seat, course, and effects on the patient, to be included under one common term. We are not prepared, therefore, to employ the term sarcoma in the classification of tumors, for we believe that the morbid growths which have been ranked under that name, may be more satisfactorily and precisely arranged under one or other of the heads employed in these lectures."

It appears, however, that the term "recurrent fibroid" is rather



too vague for application to that class of tumors which we are about to describe, and that the classification, according to the peculiarity of cell formation, is more definite and precise.

The chief characteristics of the spindle-celled sarcoma appear to be as follows : First, their almost invariable tendency to recurrence after removal ; such re-appearance not being attributable to any portions of the tumor which may have been accidentally allowed to remain in the parts. Second, they generally appear at the site of the former wound, as well as in other portions of the body. Third, their growth is slow at first, but afterwards they enlarge with greater rapidity. Fourth, they give but little pain, and life is not threatened by them for a long time, unless (which most frequently happens) local causes cause danger and death. Fifth, the superjacent skin is not involved, nor does it proceed to ulceration, unless such solution of continuity is produced by tension and consequent deficiency of circulation. Sixth, they are hard, lobulated, and often immovable, appearing to be firmly attached to the aponeuroses and fibrous sheaths. Seventh, they do not infiltrate the tissues surrounding them, nor do they produce the cachexia found in cancers. Eighth, their structure appears to resemble somewhat the natural tissues of the body, but the cell-element is rudimentary, incomplete, and preponderating. Ninth, the oftener they recur, the more succulent and soft do they become, and the more rapid is their growth. Tenth, the cells composing them are spindle-shaped, and caudate, often with attenuated processes, with large nuclei. There may be, also, free nuclei scattered throughout the intermediate cellular substance. Eleventh, the hardness or softness of spindle-celled sarcoma consists in the deposit of fatty particles in the one variety, and their absence in the other.

The case which I am about to record is one of considerable interest, because of the simultaneous appearance of *three* tumors, after the complete extirpation of the first, and of the train of pressure symptoms which were gradually developed. The patient, Ella S., was about twenty years of age, and healthy in appearance. Her father partakes of the rheumatic diathesis ; her mother died of phthisis (that disease being hereditary in that branch of the family). She has enjoyed average health from childhood, excepting a severe attack of scarlatina, occurring during her fourth year, from which she is said to have made a complete recovery. From a careful inquiry, I cannot find that she ever received an injury of the neck, and that there was an appearance of any abnormal growth, until about two years prior to the date of operation. About that period,

a tumor appeared near the centre of the right side of the neck ; it gave but little inconvenience and no pain, and scarcely attracted notice. After a time, however, as it slowly enlarged, occasional difficulty of deglutition called more critical attention to the growth, which had considerably increased in an upward direction. In addition to the above unpleasant symptom, there were paroxysms of great dyspnoea ; both of these symptoms being produced by pressure on the oesophageal branches of the vagus, and the inferior laryngeal, or recurrent branch. The suffocative paroxysms increased until life was in peril, the growth of the tumor also proceeding with marvellous rapidity.

In consultation with Dr. Banks, of Englewood—whose patient she was—it was decided that nothing but operative measures could prolong her life, and though the season of the year was rather unpropitious (it being midsummer), the day was appointed for the operation.

The tumor at this time extended from the mastoid process of the temporal bone, bordering closely the ramus of the inferior maxillary, to the margin of the clavicle, and from near the mesian line of the neck to a point about half an inch beneath the anterior border of the trapezius. The sterno-mastoid muscle crossed it diagonally, and from the pressure consequent upon the protrusion of the growth, had become much attenuated. The external jugular vein, from the same cause, was reduced to a mere thread. The tumor was distinctly lobulated, hard, and most firmly fixed—a condition which renders every surgeon more careful in his methods of procedure ; in fact, it is recommended by some distinguished authorities that this immobility should decide the question of surgical interference, especially in parotid tumors.

On Saturday, July 12th, 1873—which proved to be one of the hottest days of the heated term—the tumor was removed, Dr. Banks, a skilful surgeon, Dr. Robinson, Dr. Baldwin, and Dr. Morris, of Englewood, being present and assisting.

The patient was placed on the table about noon, and ether administered. There were suffocative paroxysms during the first period of anæsthesia, which, however, gradually passed away.

The head was placed in a position similar to that for ligation of the carotid, and an incision three inches long made along the anterior attenuated border of the sterno-mastoid, from the angle of the jaw to lower border of the thyroid cartilage. The tumor was so immovable that I determined, on account of its peculiar situation, to give myself all the room that I could, and to make a crucial incision, if necessary, to afford facility in getting underneath the growth.

The fascia were cut through and the sterno-mastoid held aside; finding, however, that the tumor lay beneath the deep cervical fascia, and that the sterno-mastoid was attached, I divided it with a transverse incision. The next step was the transverse division of the anterior fibres of the trapezius, which was accomplished upon a director. This allowed a free and full exposure of the upper surface of the tumor, which was laid bare after a tedious dissection. The next step was to dislodge it from its base, beginning with the posterior border; the handle of the scalpel was introduced beneath it. The adhesions were extremely dense, and repeated touches of the knife, the use of the director, the fingers, and the handles of instruments, gradually raised it until we discovered its connection with the sheath of the great vessels. Having, thus far, loosened the tumor from the posterior side, the adhesions on the anterior borders were attacked in the same manner; they gradually gave way until the tumor was free, excepting its line of connection with the sheath of the carotid and internal jugular. Having then a finger placed on the carotid as it passed under the tumor, ready for compression, if necessary, the dissection was carefully continued from below upward until the growth was removed, taking with it the external portion of the sheath of the great vessels of the neck.

It is unnecessary to say that this was both a trying and tedious dissection. It occupied nearly two hours, and the heat was overpowering. There were six ligatures applied, but there was no serious hæmorrhage, excepting for a short time, from a prick of the internal jugular; continued compression stopped this. The wound was brought together with silver sutures and the patient progressed without untoward symptoms, excepting a slight convulsive cough, for three weeks, when a swelling showed itself in the site of the wound. In a few days a *second growth* was developed on the *left* side of the neck in a *position precisely similar to that occupied by the first tumor*, viz., beneath the sterno-mastoid. Then were presented a train of peculiar and most unfavorable symptoms. Ptosis of the right lid; insensibility of the pupils and diplopia; then numbness of the right side of the face, which was followed by deafness of the right ear; these symptoms increased, until finally the eyeball began to protrude from the orbit. Distressing paroxysms of cough then were present, and to add to the suffering of the poor girl, difficulty of deglutition again ensued. At this time, bulimia of an actually fierce character superseded with rapid and great emaciation. The tumor on the right side was, when last heard from, (February 22) still growing, but was much softer than the former

growth (a characteristic of this variety of tumor). The eyeball was being pushed further out from a tumor of the orbit. Severe neuralgic pains, and sleeplessness also, are present, which she relieves by taking from five to six grains of Opium per diem.

The presenting symptoms are of great interest, showing the pressure on the nerves of the eye, and the interference with motor branches of the vagus, the œsophageal and inferior laryngeal.

SURGICAL NOTES.

The Aspirator.—The idea of withdrawing abnormal and other fluids from the different cavities of the body has been promulgated among surgeons and physicians from remote ages. Instruments constructed for this purpose were termed *pyulca*, because they were generally employed for the withdrawal of pus, and, although variously modified, they were all constructed on the principle of the exhausting syringe.

Dieulafoy, on the second of November, 1859, presented, through Prof. Gubler, to the Academy of Medicine, an invention of his own, to which he gave the name "*Aspirator*," and which bids fair to become one of the most important instruments in the hands of the Profession. It consists of hollow capillary needles, and a suitable air-pump to create a vacuum.

The varied forms of the Aspirator are constructed on these principles, and the numerous operations which can, with safety, be performed, are daily proving the immense value of the apparatus.

In Dieulafoy's book, accounts are given of the varied diseases to which this instrument is applicable; among them we find Hydatid cysts of the liver, abscess of the liver, retention of urine, poisons in the stomach, ovarian cysts, hydrocephalus, spina bifida, strangulated hernia, effusions into the pericardium, purulent pleurisy, diseases of the joints, diseases of the tunica vaginalis and peritoneum, sanguineous effusions, acute abscesses, suppuratory buboes, and other diseases.

A glance at the above list of diseased conditions, for which the Aspirator can be employed, detects the fact that a majority of them are of the most serious character; in addition, when we remember the comparative harmlessness of the punctures and the immediate relief, if not cure, which generally follows aspiration, the wonder is that such an apparatus has not been before constructed. As a

means also of diagnosis the Aspirator must hold a high place ; the facility with which the operations may be performed adding much to the general usefulness of the apparatus.

The needles of the Aspirator are hollow and of various sizes, the smallest being about the calibre of the ordinary hypodermic syringe; to these needles is affixed a stopcock, which shuts off the air ; they are also furnished with a screw, by means of which they are attached to one end of an india-rubber tube, the other extremity of which fits into a glass cylinder, in which, by means of a piston (or air-pump), a vacuum is created.

The simplicity of the contrivance, and the great suction which can be brought to bear upon even semi-fluid substances by means of the vacuum, will be apparent.

When the instrument is to be used, the vacuum is first created, the needles are then inserted into the part desired, the stopcock turned, and the fluid, whatever it may be, is drawn within the glass cylinder.

There has been, as there always is, a great deal of discussion regarding the "previous vacuum" and the "subsequent vacuum," of the danger of "too perfect a vacuum," of the difficulty of knowing "how to manage the vacuum," and such like questions, all of which will be satisfactorily explained after more extended experience has taught us the proper lessons.

Of course, the range of disorders to which the Aspirator will be adapted will, at first, be very extended ; time and experimentation will bring the limit. The instrument will have its "run," as every fashionable medicine, every novel instrument, and every improved method of operation, has had before it. Doctors have run mad over Bavarian beer and cod-liver oil ; there has been carbolic-acid madness, and chloral frenzy ; Civiale predicted the exclusive use of the Lithotripter in cases of stone ; Chassaignac would amputate with the Ecraseur ; and even at present, Professor Dittel would accomplish the same result with the "Elastic Thread." Esmarch's artificial ischæmia has been extended to keeping the blood in the body during serious and prostrating diseases, and the Aspirator, modified into a great variety of shapes, will be tried for all classes of disorders.

I have had but a limited experience with the apparatus, but in the cases in which it has been applied, it has been satisfactory, not only at the time of application, but no bad results have followed.

Abscess of the Liver.—A Spanish soldier, who had suffered from bilious fever, and had suffered severely from pain in the right hypochondrium, which had continued many weeks, his countenance was

icterode, and his dejections light. The tumor extended into the left hypochondriac region, and there was an evident tendency to point in the epigastrium. I introduced the second size needle of the Aspirator, having made the vacuum, and withdrew a quantity of pus, which was so thick and tenacious that, when accumulated in the receiver, it was as thick as currant jelly. The patient made a good recovery. Aspiration was performed twice.

Hydrocele.—Two cases, both before the clinic. The great advantage of the Aspirator in these cases, is the complete withdrawal of all the fluid.

Hydroarthrosis.—A middle-aged lady, who had bruised the knee, was affected, after a time, with the usual symptoms of the above disease. In this case the Aspirator was used three times, each time accomplishing the result.

Spina bifida.—Two cases; in one the tumor being covered by the integument, the other by membrane. Both cases are still under treatment, but the withdrawal of the fluid in both cases was followed by good results.

Cystic Tumor of the Upper Jaw.—In this case a lesson was learned, that is, "the regulation of the vacuum"—a complete vacuum is not always necessary. In the case before us, the collapse of the tumor was so sudden (it being small) that intense pain was given by the continued suction. In such small tumors, the thumb-screw at the base of the needle should be in requisition.

LIGATION OF THE INTERNAL AND EXTERNAL CAROTID.—In the *Medical Record* for February 16th is recorded an interesting case of gunshot wound of the mouth, in which the ball passed from before backward, from right to left, through the tongue, and passed into the posterior wall of the pharynx. The hæmorrhage was very profuse, but was temporarily arrested by ice and styptics. It returned, and not being easily controlled, the internal and external carotid arteries were ligated. Up to the period when the report was made, there had been no return of the hæmorrhage, although pulsation yet remains along the sterno-mastoid. The writer draws, as practical deductions from the case, that the cessation of hæmorrhage does not necessarily imply that the vessels are permanently closed; that in ligating vessels for hæmorrhage, both the cardiac and distal extremities of the artery should be tied; and that where the branches of either the internal or external carotid are wounded, ligation of the common trunk will not be sufficient to arrest the hæmorrhage, as the face communication through the vertebral arteries will allow the blood to pass into the internal carotid, past the angle of bifur-

cation in the common carotid, and thus produce bleeding from the internal vessel.

These facts are noteworthy, because we have known hæmorrhage to take place, and profuse hæmorrhage, too, when the main supply has apparently been cut off by ligature. The time occupied in establishing collateral circulation sufficient to produce hæmorrhage is a point of interest to the surgeon, and appears to differ according to different circumstances. In a case of Anel's, the pulse could be felt at the wrist the day after a ligature had been placed on the trachial ; and in Mayo's case, after ligature of the subclavian, there was pulsation of the radial at the wrist on the fifth day. Indeed, pulsation has been known to reappear in the sac of a concussion within seven hours after ligation of the main trunk.

The Elastic Thread.—Prof. Dittel, of Vienna, has gone so far as to apply the "elastic thread," not only to the removal of tumors, but even to amputation of limbs. Sir Henry Thompson has since introduced this method into England, and has recently removed a cysto-sarcomatous tumor of the right breast by this method. The tumor was pendulous, the mamma shrivelled, and the growth the size of an orange, with fungoid ulcer in its summit. The proceeding was as follows : A large nævus needle was threaded with a tubular elastic ligature, and then passed through the base of the tumor. The elastic was then divided, the needle laid aside, and the ligatures tied on either side of the tumor. There was not much pain, and the operation was successful.

Elastic threads are also useful for other purposes in surgery, and one for which we have lately employed it for the withdrawal of ligatures which are tardy in separating. It not unfrequently happens that a wound healing with rapidity, as after removal of the breast, that granulation tissue appears to overlap the ligature, and thus causes them to remain for a length of time after the vessel to which they have been applied is obliterated. Again in wounds where tendinous or nervous filaments may have been accidentally included within the loop, the thread is long in separating ; in such cases the elastic is a success.

It may be applied as follows : Take one of the thin sections of india-rubber tubing, which are now in general use, and sold by the box at the stationer's. Tie the free end of the "dilating" ligature to one side of this section, slip the upper end over a piece of bougie, and fix the latter, by means of adhesive straps, at a point sufficiently far from the wound to put the elastic ring in the stretch. The constant traction, thus effected, removes the ligature in a short time, with no

pain. Within a short period we employed this simple method with complete success in three cases.

Cleft Palate.—Sir William Fergusson, it appears, is again giving attention to staphyloraphy.

As far back as 1849, this distinguished surgeon gave to the profession a paper on the subject in the *London Journal of Medicine*, in which he described "a new operation of staphyloraphy," and in which he alludes to the fact that if a person having cleft palate be desired to swallow a little water slowly, and with the mouth partially open, the back parts of the fissure are seen to approach each other; that this action, previously unexplained, was due to the action of the superior constrictor of the pharynx, together with that of the palato-pharyngei muscles, and that the action of the *tensores* and *levatores* caused the sides of the cleft to be forcibly drawn apart, and that for this cause the division of the palatine muscles, in the operation of staphyloraphy, was an essential step. It is well known also that considerable opposition was made to this part of the operation by Mr. Syme. Most surgeons, however, who have performed this very difficult and tedious operation, have seen the immediate relaxation of the flaps when the palato-pharyngeus and the levator palati have been divided.

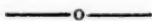
Sir William now proposes, as an additional step in making the ordinary flap incisions, "that the hard palate should be split on each side of the opening with some sharp cutting instrument, and that the two pieces of bone should be pressed toward the middle line, and the pared edges of the soft tissues then be brought together. By this means the central opening would be closed, but two lateral apertures would be formed." These openings, being but half the size of the original cleft, it was hoped would be filled by the fractured ends of the bone throwing out sufficient osseous material for that purpose.

A NEW SPLINT FOR RESECTION OF THE KNEE-JOINT.—At a meeting of the New York County Medical Society, held February 23, 1874, Dr. J. H. Packard, of Philadelphia, exhibited his splint, which he considers peculiarly applicable after resections of the knee-joint, especially in keeping the parts in a quiet position and in allowing great facility in the removal of dressings. The following is Dr. Packard's description thereof:

The splint at first sight looks like a straight posterior splint for fracture, with two high iron handles at the knee. On close inspection, it is found that, instead of being in one piece, it is in three pieces, and the handles are iron brackets connecting the upper with

the lower section. The middle piece is about four inches in width, and slides between the brackets, so as to make the splint continuous. The advantage in this middle section is to afford facility in removing the dressings. The splint, when adapted, extends up as far as the trochanter major and tuberosity of the ischium; at the lower extremity is an adjustable foot-piece for securing the limb below. The thigh and leg portions of the splint are hollowed out, and to their edges are secured leather sides, which may be perforated by eye-lets, and the whole limb in this manner securely fastened. When it is necessary to change the dressing, the limb is elevated and the flat middle shelf slid out. After the dressings are rearranged, this shelf is put back again into position and the limb arranged in bed.

The great advantage derived from the apparatus is, that after the operation the ends of the bones may be put in apposition, and kept there for an indefinite time, unaffected by the shifting of the dressings. Dr. Packard said also that he found it advantageous after operation to place the limb in such a position that there would be a slight bend at the knee. A more satisfactory result was obtained in this way for the patient than if the limb were perfectly straight.



CASE OF PATHOLOGICAL SOMNAMBULISM, PRECEDED FOR TWO MONTHS BY ANURIA.

By DR. W. TARDIEU.

Translated by G. L. FREEMAN, M. D., from "L'Art Medical," August, 1873.

The case of morbid somnambulism I am about to describe is certainly one of the most curious instances which ever came under medical observation.

B—, a child 11 years old, nervous, lymphatic temperament, of serious disposition, but self-willed and very irritable. More than ordinarily intelligent, he was very fond of instructive reading, but did not confine himself to those classic authors which were placed in his hands.

In the beginning of October, 1868, just as he was resuming his studies at college, B. complained repeatedly of violent epigastric pains, real cramp in the stomach, which ceased under the influence of *Cham.*^o and *Nux-vom.*^o A few days later painful colic set in, together with obstinate constipation. I prescribed *Coloc.*^o and *Plumb.*^o with success.

About the 6th November, however, new symptoms made their appearance. B. experienced a restlessness which impelled him to go out and walk in the open air; he was troubled with frequent urging to urinate, and at times with genuine tenesmus of the bladder; the urine was normal in quantity and always clear. I gave him *Puls.*⁶, and after two days *Tarantula*². The desire to urinate became less frequent and less urgent; but the urine seemed every day less abundant, although always clear and limpid.

On November 15th, B. had not passed a drop of urine for three days. The abdomen, however, was not distended, nor was the vesical region painful; the urgings to urinate were seldom felt and of short duration. Appetite was normal and sleep sound; no fever; no thirst. I directed him to take long walks and to pursue some hydrotherapeutic measures. As medicines I gave him in succession *Veratr.*⁶, *Sulph.*²⁰, and *Opium*⁶. Towards the end of November the urinary secretion was entirely suspended, but for some days B.'s condition seemed to grow worse; he was rather restless at night, weaker, and his appetite less. He passed no urine for more than fifteen days; felt no urging, but experienced a general indescribable malaise. The pulse was almost normal, varying between 75 and 80; no thirst. I consulted, by letter, with Dr. Emery, of Lyons; he recommended *Stram.*, which was given without effect.

In the evening of December 1st there came on a convulsive attack, during which it was very difficult to restrain the patient, who kept trying to strike, tear, or bite.

The paroxysm lasted about an hour, but recurred several times on the following day, in the afternoon and evening. The same took place on the succeeding days, but every day the seizures were more violent and lasted longer.

During these paroxysms B. was engaged in an incessant struggle; he was allowed all possible freedom, yet it was necessary to restrain him; he made very hazardous leaps, and tried to tear everything he could get hold of, especially his clothing; he was always wanting to bite. His arms were spasmodically extended in a threatening manner. Those who had charge of him were condemned to constant, unrelaxing vigilance; but he uttered not a word, and seemed not to hear when he was spoken to. His face was contracted and expressive of great suffering; he showed his teeth like an enraged wolf; finally, after an hour or two of this agony, he was overpowered by fatigue and fell asleep; the paroxysm was ended.

When the poor child came to himself, it was useless to upbraid

him with his behavior ; he recollected nothing about it ; he asked for drink, but took very little.

The attacks generally occurred in the afternoon, and at night before twelve o'clock ; sometimes also in the morning.

In vain I made unsparing use of Ether, Chloroform, Valerian and Bromide of Potassium ; I could bring about no change for the better.

December 8th. After a fearful night, the convulsions having lasted until 3 A. M., I administered *Tarantula**, 10 globules in 125 grammes of water, a spoonful every four hours.

Next day I was shown a vessel half-full of clear and watery urine which B. had passed at several times during the night. Thenceforward the secretion of urine continued normally and without interruption. That day, the paroxysms were shorter and less violent. The skin, hitherto always dry, now showed a slight moisture toward the close of the paroxysms, and during the intervals of sleep, which had now become much longer, there was some perspiration.

December 10th. In the forenoon, when I entered the house and B. came to meet me, his manner was very different from that of previous days. His aspect was expressive of the greatest joy. His face fairly shone, and his eyes were very wide open and remarkably bright. His gesticulations were frequent, easy, varied, and indicative of supreme satisfaction. In very intelligible pantomime, the patient gave me to understand that he was cured, that his troubles were over, and that he was now the happiest being in the world. His parents told me that he had been in this condition since seven in the morning ; that, after a quiet night, he had risen suddenly, as if in a transport of ecstasy, and informed them that he was positively cured, but had become a *somnambulist*. He was unable to speak, but could write, and had already written what it most concerned us to know.

I was shown a sheet of paper on which he had written nearly as follows : "From this day, the form of my disease is changed ; I shall have frequent attacks of somnambulism ; usually, several every day ; they will never occur at night ; I shall pass the night in ordinary sleep ; but by day, the attacks of somnambulism will be frequent. In the morning, in my first sleep, I shall generally let you know, for the whole of that day, the exact hours when I shall fall asleep, and the precise duration of each somnambule slumber. I shall remain a somnambulist for several months, after which I shall be cured. I shall be able to speak in eight days."

In fact, B. had already predicted three somnambule slumbers for

this first day ; one from 7 to 10 A. M., this was the first, and I was there at the time ; the second was to be from noon till 2 P. M. ; the third from 6 to 8.30 P. M.

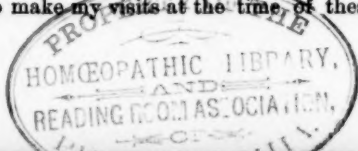
Everything came to pass as he had foretold ; and, moreover, for several months, B., every morning, dictated to his father his programme of proceedings for the day. During all this period, although the attacks were very numerous and varied in all sorts of ways, he was never caught in a mistake. He invariably went to sleep at the appointed hour, and woke up with the same punctuality. The hands of the house-clocks were occasionally put wrong, by way of experiment ; but in vain—the slumbers uniformly both came on and ceased at the hours he had named.

The first question I asked B. was, whether my treatment had contributed to this happy result. He informed me by the most expressive action, that it was the effect of the last medicine given. "But for that remedy," he declared, "I should have remained a victim to those dreadful convulsions for about two months ; in the second month my legs would have been seized with paralysis ; somnambulism would spontaneously have come to my relief at last, but my complete cure would have taken a considerably longer time."

I then inquired if he could tell us what the medicine was which had thus hastened his cure. I had mentioned its name to no one. The father himself knew nothing of its existence. There being no Homeopathic pharmacy in the city where I practiced, no written prescription had been furnished ; I had left the remedy without indicating its name or origin. The phial containing the dilution of *Tarantula* stood on the chimney-piece, a little more than half-full. The child turned towards it with a look of heightened ecstasy, clasped his hands, as in the act of grateful adoration, then, gazing at us smilingly, he imitated with his fingers the walk of a spider.

"What!" I exclaimed, "would you have us believe that that medicine is made of spiders?" Then, with an approving movement of the head, he repeated the same actions, to impress upon us that this was what he meant, and that it was true. I was thus led to explain to the parents that their child's statement was correct, and what this new remedy was taken from. While I was telling them about *tarantulism*, and the discovery of Dr. Nunez, B., anticipating my explanations, began to perform a giddy sort of dance, as if to represent to us the evolutions of the *tarantulized* in the Middle Ages.

On the following succeeding days, B. fell three or four times into his state of somnambulism. His father sending me word, I was enabled to make my visits at the time of these seizures. I always



found him with the same beaming countenance, and steady piercing look, the same pleasant and smiling expression, strongly contrasted with the dull, sad, and suffering aspect which characterized his normal condition.

I cannot repeat all the curious conversations I held with him, but nothing was so interesting as these daily *séances*. He stood upright before me, paying the strictest attention, prompt to answer all my questions, and seemingly desirous that something novel should every moment be elicited. Before my idea was half-expressed, he would respond to it by a lively, clear and accurate gesture. If I did not at once catch the import of his answer, he would hurriedly seize a pencil and dash off on paper a word, or a sentence, which might assist my tardy apprehension. All this was very unlike his ordinary manifestations of character.

On the eighth day, *i. e.*, December 18th, B., in his first morning slumber, spoke, and was at last able to impart to us, *viva voce*, his emotions of joy and ecstasy.

"What a state of happiness I am in," he exclaimed to us, "and how I wish you could experience it, if only for a few moments! I read distinctly in my bodily organs as in an open book; I am able to follow the play of all its functions. Divested of all extraneous anxieties, I am engrossed entirely in the contemplation of my own existence. It lies open before me, and not one of its relations escapes my view. There is in this a charm, a felicity, which I am unable to convey to your understanding, but which you may see reflected in my face. This interior study—how interesting and instructive it would be to the physician! You study anatomy by means of the subject, but the subject is a corpse, while it is the living being which must be observed and understood. You should be able to look in upon the functions at any moment, and catch them at their work; this is what is given me to behold; think what must be my happiness! What I chiefly admire in myself are the nerves. You are correct in calling the nervous influence a fluid. The nerves, in fact, seem to me like telegraphic wires, and the fluid which constantly traverses them is actual electricity—it is electric fluid."

All this was said in a low voice, and like one inspired. Then, turning to his father, "Give up your profession! How much more interesting would you find the study of living beings, and of natural history—the study of the healing art! I would unfold to you the secrets of life and of nature. Together, we could study Homœopathy, that science of remedies!"

"And suppose we are doubtful of your sincerity," I said to him,

"who can assure us that you are really in the state you have described to us, and that you are not all the time wide awake? If I should bring here another doctor, less credulous than myself, what proof could you give him that you are not acting a part, and are really in this singular and mysterious state of somnambulism?"

"Look closely into my eyes," he replied earnestly; "do you not see something unusual in them? In the first place, the pupil is more dilated than common; but, watch them, if you can, for a quarter of an hour; you will never see their lids droop, even for an instant. But no one, in an ordinary state, could be able to keep this up for so long a time. Take notice, moreover, that my skin is devoid of feeling. You might prick and pinch me as much as you please, I should care nothing about it."

So saying, he pinched himself so terribly hard, that we begged him to be more moderate.

"You admit," he rejoined, smiling, "that in my usual state I could not support this test. I will give you one more proof, if you please, by showing that I can write in the dark."

Having closed the shutters of the room, he retired at once into the darkest corner, and wrote a few lines on a sheet of paper with extraordinary rapidity. I declared myself satisfied. I inquired whether, after awaking, he retained any recollection of these attacks of somnambulism. He replied that he had none whatever. In fact, we had already found means to convince ourselves of this.

I was often present when he awoke. This is what took place on these occasions.

Suddenly, the liveliness and energy which never failed him during his somnambulism, seemed to desert him. His face was expressive of lassitude; he sat down, laid his head upon a table or bed, and went to sleep for several minutes. At other times, as if overcome by the impending awakening, he would seat himself on his father's or mother's knees and fall asleep, with his head resting on their shoulder. So, also, when entering the somnambulant state, as when awaking from it, there was always a very short period of real sleep. But his demeanor on waking up was very different in the two cases; when he aroused to pass into somnambulism, he suddenly drew himself up, as if moved by a spring; he clapped his hands, sometimes uttering cries of joy, and went, beaming with satisfaction, in search of his parents or others of the family; he seemed compelled, by an irresistible necessity, to communicate his feelings.

On the contrary, when recovering from somnambulism and returning to real life, he raised his head slowly and sleepily, opened his

eyes with difficulty, and looked sadly about him; his countenance expressed only suffering. If he saw me near him he was always astonished and confused, and never failed to reprove his mother, in a low voice, for allowing him to sleep in my presence. His mother knew not how to excuse herself to him. B. did not believe in somnambulism, nor did he wish to believe in it. More than this, we were soon obliged to give up talking about it before him; these conversations, which he only partly comprehended, made him extremely nervous and even threw him into a passion. He was the only person in that house who did not believe in somnambulism.

When told by any one that he was a somnambulist, he replied that it was all mere folly, either on our part or his own; and if, in the state of somnambulism, he was asked to give an opinion respecting his own character and intellectual capacity when in the normal condition, he replied by ridiculing his ignorance and the inferiority of his faculties.

This state of things lasted several months, just as he had predicted. I gave him no more medicines, B. telling us every day that it was useless, that they would prove ineffectual, and that his cure was a simple question of time. He prescribed for himself a visit to the Southern coast for a few weeks, declaring that sea-bathing would be of benefit to him. The whole family started for Nice in the early part of January; but our somnambulist, who was particularly afraid of cold water, would never go into it in his waking state. Then, in his sleep, he said that the baths must be given him in his somnambulant state; but at the sight of the liquid element his resolution failed, and he decided that a foot-bath would be enough for him. He went into the water, but only to the middle of his legs.

The stay at Nice effected no change in his condition. He returned in February, talking continually about physiology, natural history, medicine, hygiene, etc.

He especially loved to become acquainted with the interior organization of animals, vegetables, etc., and most frequently discussed their intimate and hidden details, such as are not mentioned in the works on those subjects. If he touched on entomology, he delighted in describing the wonderful structure of certain insects, whose names and customs he would specify with minuteness. At other times, with his father, he would discourse upon mineralogy and geology; he indicated the different strata of metals and the laws of their crystallization. Finally, at times, his spirit, soaring above our globe, seemed desirous of piercing the secrets of the heavenly vault and he affirmed to us the existence of worlds unknown.

It may be imagined how we were astonished and affected while listening to this child's disquisitions on such grave and lofty themes. He enlarged on every subject without effort, with extreme facility and great clearness, passing frequently from one to another, as if he enjoyed doing so. "*I see,*" he would say; "*I do not understand; I do not explain; I only see.*"

He was always praising to us the good effects of exercise in the open air. His father, therefore, took him out every day on long walks quite often during his somnambule condition, which frequently lasted two or three hours. It often happened, however, that he woke up in the open field, and he always did so in the same manner; he sat down on the ground, laid his head on the grass or on a heap of stones, and went to sleep for a few minutes. His surprise on waking was always extreme and indescribable.

But the most amusing incidents of this singular state always occurred in connection with the taking of food. It often happened that B. was asleep at dinner-time; he then took his seat joyously at table, but behaved there like a true Pythagorean; he was exceedingly abstemious, only taking very small portions, scornfully rejecting certain dishes which he called superfluous, eating even bread sparingly and drinking nothing but water. This, again, was entirely opposed to his ordinary habits; he always ate a great deal and with much eagerness.

When he happened to wake up, after one of these somnambulistic repasts, and noticed that meal-time had passed, he would ask why he was not aroused in time for dinner. He would then be told what had taken place, and would be assured that he had eaten; but every recurrence of this mishap gave rise to a tragi-comical little outbreak of anger. He sometimes said to us, "I eat a great deal, and with gluttony; it is important for me to be cured of this bad habit. That you may know how much and what kind of food I ought to eat, observe what I had when in a state of somnambulism." He then went on to say: "Civilization, or, to speak more correctly, the corruptions of the day, the so-called comforts of life, and the abuses of cookery, are the chief enemies to human health, and give rise to the greater number of diseases. Men of science have calculated that a comparatively abstemious man eats twice as much as he really needs; but I eat five or six times that amount. Wine, which is often a poison to man, is especially injurious to me. Milk, on the contrary, suits me exactly, and water should be my usual drink."

We endeavored to follow out this advice, and the more willingly since it was in perfect accord with our own ideas. As to liquors, we

get along very well; he readily consented to drink water only; but it was very different when it came to eating. When at table, if confronted with his own prescriptions, he submitted to them with a very bad grace—he turned up his nose at the whole matter, and we were soon obliged to cease all reference to an authority he was so little inclined to respect.

In March, 1869, the clairvoyant slumbers were less frequent; the disease seemed to change its form, the seizures became more frequent but shorter, and were characterized, in the evening, by choreiform movements, varying almost every day. Generally, B., in the brief somnambule sleep of morning, would predict all the nervous symptoms we should have to observe and combat in the course of the day.

In April, his parents sent him to board where there was plenty of company, and where he could faithfully follow up the course of treatment which he himself had pointed out as necessary to his complete restoration.

He spent every day in the open air, practising gymnastics, gardening, doing a little carpenter-work, etc. The attacks of somnambulism soon permanently ceased.

He returned home in a few months, and since then his health has been unbroken. At present he is at a lyceum, where he is exerting himself to make up for lost time. He seems to retain no recollection of this protracted malady, which is never referred to in his presence.

I mentioned to him one day, that I was thinking of writing an account of his disease for publication, and asked him what he thought of my doing so.

"Write it out," he said, "if you wish; keep it among your papers; but never publish it. A great many people would never believe it, and you would lose credit in consequence."

I have not thought it best to follow this advice, given in a spirit of over-modesty; and I trust that for once, at least, my young somnambulist may turn out to be mistaken.

The New York Journal of Homœopathy.

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SAMUEL A. JONES, M. D., GENERAL EDITOR.

T. F. ALLEN, M. D., MATERIA MEDICA.

WM. TOD HELMUTH, M. D., SURGERY.

SAM'L LILIENTHAL, M. D., CLINICAL MEDICINE.]

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Charles H. Neilson,

128 BROADWAY, N. Y.

HOMŒOPATHY IN ENGLAND.

The *Monthly Homœopathic Review* for February, devotes four pages to a review of "*C. Hering's Materia Medica, with a Pathological Index*," and one and a half pages are given to *Bönninghausen's Homœopathic Therapeia of Intermittent and other Fevers*. These works are singularly well adapted to evoke from English "medical men practising Homœopathy," enough of their "confession of faith" to enable one to get a glimpse of Homœopathy in England.

As a highly "characteristic" symptom, we will cite one paragraph from the notice of Bönninghausen's book:—"We doubt its use, as a general rule, in the typhus or enteric fevers that we, in this country, are in the habit of seeing; *in these we have to make the physical signs, rather than the subjective symptoms, the basis of our treatment.*"

John Bull does beat us in the matter of ale (you see, we can't 'ave it 'ere because we 'aven't got the 'ope), but are "the typhus or enteric fevers that we, in *this* country, are in the habit of seeing," so very different; do the English also outvie us in

the matter of fevers? Undoubtedly, for *here* a "Homœopath" does not make "the physical signs, rather than the subjective symptoms, the basis of treatment."

How they find "the like which cures" on a physical sign basis of treatment, surpasses our limited power of comprehension, and when we feel the need of this information we will make all haste to ask for it. Meanwhile, we are forced to inquire, do they ever treat names in England?

"But agues demand a more careful study and individualization, and any work that will assist in this, and aid in the cure of the too-frequently cinchonised patient, must be very welcome."

"Agues demand a more careful study and individualization." Certainly; typhus is a self-limited disease, and, even if let alone, the patient either gets well or goes into the grave, while your agued one lives on to shame the doctor. Hence the "demand" for "a more careful study and individualization."

Somehow, one cannot help asking if "a more careful study and individualization" *pays* in ague, why is it not also a *sine quâ non* in "typhus or enteric fevers?" Is there a generalizing and an individualizing Homœopathy? Even so; and on the principle of "milk for babes," etc.

"The fourth section, containing 'Pathological Names of the various Fevers,' and a long list of medicines after each name, had been better omitted. It is such lists as these that furnish grounds for satirical remarks, such as Professor Binz has lately indulged in with regard to Homœopathy; and, of a truth, no good can possibly come, either to physician or patient, by the most painstaking perusal of them."

Our critic is singularly at one with Hahnemann in the condemnation of "names;" but surely it was hardly to be expected that a "physical-sign-basis-of-treatment" homœopath would turn up his nose at the "Pathological Names of the various Fevers." In his heart of hearts such an one has all fondness for these "names." They are to him so many convenient labels, with a "physical sign" on one side and a remedy written on the other; but when the Binzes of orthodox medicine pass by, indulging in "satirical remarks," presto! the labels are pocketed at once.

It is this affectionate regard for the feelings of Professor Binz which gave rise to that noble paraphrase (so indicative of moral courage), "medical men practising Homœopathy;" and it was something suspiciously similar which only lately endeavored to establish the sixth decimal potency as the *ne plus ultra* of Homœopathic posology.

It is a medical man practising *at*, or *on*, Homœopathy who has endeavored to estimate both Dr. Hering and his *Materia Medica*, and it is painfully evident that either the Doctor or his book are overwhelmingly "too much" for one of his tender years. That he has done his best we readily allow; but at the best it is a sort of Mrs. Partington-and-her-mop-against-the-Atlantic-Ocean job.

Good Dr. Primrose "was ever of the opinion that the honest man who married and brought up a large family did more service than he who continued single, and only talked of population." We would add that the said honest man had certainly earned the right to talk of population by his personal experience. What, then, has our critic done by way of populating our *Materia Medica*? The poet, or *creator*, may be *nascitur non fit*; the critic never.

But we are hushed into silence, for this critic also writes that inevitable line, "Dr. Drysdale in his very valuable proving of *Bichromate of Potash*." That "proving" turns up even oftener than the club which killed Capt. Cook, and

you know every good museum has it among its treasures. This "damnable iteration" makes the reader suspect that it were one of the cardinal sins for any English Homœopath, at home or abroad, to ever mention or write of any other proving, and omit to specify that particular "very valuable proving of *Bichromate of Potash*." Is it a sort of Homœopathic Magna Charta wrung from Old Physic by the Liverpool philosopher and the worthy band who have won a really cheap immortality at the expense of a few grains of a Potash salt? Far be it from us to make light of this proving, but we do wish that it never had been made—by Englishmen. The making of it has had a bad effect upon English Homœopathy, an effect for which we know but one parallel, to wit: The cock that laid an egg, and of whom History saith, *his surprise at having done it was only equalled by the wonder if he could do it again, and, in the depth of his wonder, he forgot to ever make another attempt.*

Why in the world Dr. Drysdale's "very valuable proving of *Bichromate of potash*" should *ex necessitate* qualify any and every English homœopath to sit in judgment upon any and every other proving is a question which is far easier asked than answered. We have, however, no particular concern in regard to the *amor proprio* which leads them into this universal adulation—what's the odds, so long as they're 'appy? But looking at this very proving as their beau ideal of a proving, one can readily perceive that a proving *à la* Hering is hardly the thing for English Homœopathy. The *Review*, then, is consistent in the damning with faint praise which it awards to Hering's last contribution.

The ruling idea which actuated Dr. Drysdale in his Kali bichrom. work is thus stated by him: "I hold that it is better to reject many real symptoms than admit one false one, as one false symptom tends to vitiate the whole by destroying our confidence in the rest." Yet the men who indorse this make the "physical signs rather than the subjective symptoms the basis of their treatment." Verily, they carry a tenderer conscience into their provings than they feel any need of in their practice.

Hering has lately had occasion to emphasize his ruling idea when he is engaged in similar work:

"Err in the *eye*—take falsehood for truth—the result will disclose;
Err in the *nay*—spurn truth—ah, what a rent will be torn!

To "err in the *eye*" is, at the worst, human; to "err in the *nay*—spurn truth," is devilish. Perhaps this will facilitate a choice for such *les malheureux* as need to make one.

That Dr. Drysdale did "err in the *nay*" Dr. Lippe has amply demonstrated; * and wouldn't it be a joke to say that he thereby won the gratitude of truth-loving English Homœopathy!

"If," continues the *Review*, "an editor of a *Materia Medica*, based upon experiments, is not competent to decide as to the reality, or, at any rate, as to the extreme probability or otherwise, of the results of those experiments, is not capable of distinguishing the *post hoc* and *propter hoc*, he is no fit person for the position he has assumed."

The application of this test to even Dr. Drysdale, and the result thereof, may be learned by referring to Dr. Lippe's paper, p. 31. "The application of rigid criticism" is a prettily-sounding phrase; but, after all, in the matter of editing a *Materia Medica*, it is so much easier to subtract a plus than to add a minus. And we are

* Hahnemannian Monthly, vol. 1, p. 21.

fain to ask if this "rigid criticism" is not an euphuism for a *wholesale ostracism* of those "subjective symptoms," which are to the Jews a stumbling-block, to the Greeks a foolishness?

To the best of our knowledge, Dr. Drysdale tried his 'prentice hand on this bi-chromate of potash job. Hering has proven more remedies than there are years in Dr. Drysdale's life. Now, if we are going to call names, which shall we christen *facile princeps*? O, grey-haired *Master*, the question is out of place in this longitude, and we ask it of those only whose day is darkening when our sun is at its zenith.

One glance more at the *Review*: "Four of the provers of the *erythroxylin coca* used the 21st centesimal potency. This was prepared, we are told, 'with distilled water, giving 25 strong succussions to each potency, and then emptying the bottle and potentizing on the residuum. To the 21st, alcohol was added.' Out of about 900 symptoms something less than a third are ascribed to this powerful preparation of 'residuum.'"

"Don't think, but try," said John Hunter. English Homœopathy reverses the advice, gets both fat and insolence from supine idleness, and plumes itself upon its capability for "distinguishing between the *post hoc* and the *propter hoc*." And *this* Homœopathy would weigh Constantine Hering in its little scales—better try to measure the Atlantic with a pewter ale mug—this it might do, the other it may not.

The powers that be in English Homœopathy to-day form a Trades Union as despicable as any which they condemn periodically in their quarterly and their monthly organ. They combine to condemn a posology which is a fact, not a fancy; a thing of demonstration, not of credulous faith. This Trades Union has barred out, not only a Wilson from their societies—not overtly, it is true, but covertly, which is as true. This Trades Union framed the phrase "medical men practising Homœopathy." What a sublime apotheosis for English Homœopathy.

Is it true, as Tennyson sings, that simple faith is more than Norman blood? Let English Homœopathy look to it, for may be, after all, it is simple faith which brings the blessing.

We turn to that feature which confessedly distinguishes Homœopathy—the development of the *Materia Medica*—and we can but ask, what has England done? Her Homœopathic sons supine by their indolence do dishonor to the land which gives a resting-place to the bones of a Turner, a Lyte, a Gerarde, a Parkinson, a Coles, and a Russell.

English Homœopathy needs a college of its own, for it is somewhat in the dark—that paralyzing *nomini's umbra*, you know. It will never thrive in such a shade, for while it may register as even a justly proud F. R. C. P. L., it is, nevertheless, not a "homœopath" to the manner born. It felt an Alma Mater love grow up in its student days, for it, too, was then "of the Jews a Pharisee;" but when it had older grown, and had caught a glimmering of the despised therapeutic truth, and turned an earnest face in that direction, it was spurned from the well-known Alma Mater door as an outcast. In a land of titles and of artificial distinctions, what calamity is there to be compared for an instant with such a loss of alumnian "respectability?" Well, it were, indeed, a proud thing to be able to trace one's professional pedigree to the School of Salerno; but it is even prouder to write one's own name on the shell and then be ostracised for Truth's sake.

-When English Homœopathy can do this without a murmur, without that

"long, lingering look behind," a more catholic heart, a dearer sight, and a purer practice will make "medical men practising Homœopathy" a happily and a fitly extinct species.

THE FIRST BOARD OF MEDICAL EXAMINERS FOR THE STATE OF NEW YORK.

The Semi-annual Examinations by this Board for the diploma of the University of the State of New York, will be held in the city of New York, during the third week in June and December of each year.

The profession will be glad to learn that *Dr. Carroll Dunham* has accepted the Examinership in Homœopathic Materia Medica and Therapeutics, and that, with fully-restored health, he has entered upon his new duties with all the earnest zeal which has ever characterized him.

Dr. S. A. Jones resigned the Examinership in Histology and Physiology on assuming the general management of this Journal.

Applications for examination, and letters of inquiry and of commendation, are coming in, and the aim and endeavor of the Board is daily growing in the favor of all who really desire to see the standard of medical education Excelsiorized.

THE GRAY PRIZES.

"The premium established by Dr. John F. Gray is fifty dollars in money to the following persons :

1. To the first graduate under the Law of May 16th, 1872.
2. To the best qualified candidate in each year ; the test of merit being determined by the votes of the members of the Board of Examiners first established by the Regents under said law.
3. To the best qualified graduate of any medical college in this State (New York) who shall have been examined by the Faculty thereof, in conformity with the rules and regulations established by the University of the State for the government of the Board of Medical Examiners, and on examination papers furnished by the Regents of said University on special application for such purpose. The test of merit for this prize shall be determined by majority vote of the Faculty of the college or colleges wherein the said University Examination has been made.
4. To the best qualified candidate under said law, in each year, who shall have acquired his education in Medicine by his own pecu-

niary earnings. The test in this case to be determined by the Chancellor from the records of the examinations of the year.

5. To that graduate of the University, in each year, who shall, in his responses, exhibit proofs of the greatest proficiency in the reading of Latin, and German medical writers; the test thereof to be made by the First Board of Examiners, communicated to the Chancellor in writing."

EDITOR'S TABLE.

The Table came near being discouraged with journalism lately. You will recollect that, in a spasm of veracity, it pronounced Prof. Allen's Address "good of the kind," and then pleasantly insinuated that the "kind" wasn't good. Well, Allen is really busy on his Encyclopedia, but, after reading our March number, he found time to pay the Table a friendly visit, and, as a consequence of his playfulness, Helmut put a plaster bandage on our left arm, and Liebold is doing his level best for our right eye. If the left ear had been found soon enough it might possibly have united, but, like Lear's poor Tom, it's "a cold now," and—well, the Table isn't given to grieving over trifles. The Table's discouragement, a mere passing cloud, arose from the reflection, that telling the truth has not yet become a *paying* business.

Now, will some cynical chap be ill-mannered enough to express surprise on seeing another *Address* in this number? And will he foolishly imagine that Allen has effected a "change of heart" for the Table? Go to with such a *non sequitur*. You see, Dunham is no longer in the dry-dock for repairs, and he put in an appearance when invited, and talked to the class of '74, and printer's ink never did better duty than in carrying words so fitly spoken to those who might not come within the sound of his voice.

Ever since that famous Chicago utterance one or two little fellows—mentally myopic, by the way—have been firing "paper balls" at the orator, after the manner of all small boys. Of course such ammunition hasn't weight enough to hurt any one, and the diminutive calibre of such small *bore*s can make only noise enough to frighten nurslings, and, what is of far more importance, the great majority of the profession has not for one moment misunderstood Dr. Dunham's position, or misconceived our Chicago Platform. Why, then, should the Table have actually, and persistently and persuasively (*that* is our great card, persuasion) solicited the address for publication? Is the Table *verdoyant* enough to even dream that any of the "paper ball" squad will be able to rise to the serene attitude indicated by

the spirit of this address? Then, indeed, were the Table like poor Ireland—persecutable “for the wearin’ of the green”? But, your Table has a heart of its own, and it remembers how its rhythm was quickened by this address, and it would send the words all *along the line*, and then the serried ranks will “right dress,” and elbow will touch elbow, and “Freedom of Medical Opinion and Action” will be the watchword, and Homœopathy, pure and simple, will not permit the cowardly advertisement: “For Sale on Terms to suit the Purchaser. For particulars inquire at the sign of the *LITTLE ONION*.”

The Table, by writing about this address, is led to think of the place of its delivery, the Ophthalmic Hospital building; and this splendid institution suggests some remarks on the *Abuse of Charity*.

Standing one day in the hall of this hospital, an exceedingly well-dressed man—no, *he* was a “gentleman,” one of the modern kind—brushed past with a patient’s ticket in his hand. Said a distinguished New York M. D. to the Table: “It seems to me if I wore such good clothes, I should be in shape to *pay* an oculist.”

The Table has dropped in repeatedly since, during clinic-hours, and noted the applicants for charity. His observations lead him to coincide with the old physician who told his student that he would find *three kinds of poor*: the Lord’s poor, the devil’s poor, and the poor devils. And, alas! the Table is also of opinion that Beelzebub “bears the bell”—at least, his constituents are in the majority.

That “fellow-feeling” which makes the whole world kin, has ever brought the *poor* very near to the Table; in a word, and not to mince matters, that “diathesis” has been, is, and only for the fortune surely to be made by editing this journal, would have been our own; and despite the rosy hue of our paulo-post prosperity, the Table isn’t a bit “stuck-up,” is ever ready to do its willing utmost for the Lord’s poor, and for the good-natured, happy-go-lucky poor devils. Even as ready and as willing is every physician in the Ophthalmic Hospital corps. But the be-kid-gloved and be-jewelled devil’s poor should be incontinently ruled out. They abuse charity. They foster their own mean pride in spending upon their worthless carcasses that fee-money of which, by abusing a noble charity, they defraud some worthy young doctor. The Table is glad to be able to record that one clear-headed member of the Hospital Staff had the courage to take one of these elegant frauds to task.

Let not the Table be misunderstood: It would not strain the quality of mercy to the deserving; it would do naught to add yet another sting to poverty; it only asks that both the Trustees and the Hospital Corps will combine in a meritorious determination to put



down this abuse of charity, and this defrauding of many a deserving physician.

How very curious is the association of ideas, for, somehow, while writing about the abuse of charity, the Table suddenly remembered that the earnest Recording Secretary of the N. Y. State Hom. Med. Society is bestirring himself (and stirring up others) in the matter of the Annual Volume of Transactions. The Solons, at Albany, refuse any longer to publish Medical Society "Scrap-Books" at the public expense, and the great conundrum in regard to Secretary Vincent's portfolio is, "What will he do with it?"

The Table is by no means disposed to bewail the withdrawal of State patronage. To publish these Transactions for ten years is a noble deed for any State to have done. It undoubtedly fostered the infant State Hom. Med. Society, and materially aided it to attain its present stature; and, to-day, it is fitting to ask if this carefully nurtured Society can not yet *walk alone*; is it still too young to be weaned? will it pine and waste away if the pap-bottle of the State is given to some punier suckling?

A Society not less than a young man is benefited by being thrown upon its own resources. Such an event entails effort—effort means exercise, and exercise growth.

Perhaps this Society needs exercise; perhaps it is possibly susceptible of further development; perhaps the old Transactions are not quite the nothing-beyond of Homœopathic literature; perhaps *paying* for all future volumes will result in a new series which shall grow in quality fully as strikingly as its immediate predecessors did in quantity; perhaps this labor will make the after-paines a blessing to the Society; perhaps—well, the Table can't begin to exhaust this vein, for "Old Probabilities" himself isn't half so full of possibilities as is the future of the State Society.

This question will soon be submitted to the Homœopathic physicians of the Empire State, and the Table is quietly waiting to see if they will be dastards enough to do less for Homœopathy than the State has for ten years done for them. If they are found wanting *now*, then have they themselves for ten years *abused charity*, and the grand old generous State has tied its purse-strings just ten years too late.

The Table often wonders if homœopathic physicians love and honor the truth in *their* art as it deserves to be loved and honored? If so, why are homœopathic physicians, as a rule, such sturdy beggars for Homœopathy? Our patrons have never yet refused us their bounty. Why is this? Has our half-divine Art, with God's blessing upon our lame application, saved a loved one for them, and made them for-

ever after quick with their thank-offerings? Has it done nothing of this for us? Have we no dear one who had "gone over to the majority" were it not for *similia similibus curantur*? Then shall a layman who receives our ministrations outdo in gladsome gratitude the priesthood who are permitted to administrate?

Look at the therapeutic infidelity (the without-faith) of the numerically stronger "other side;" think of the agony of hopelessness with which they grapple with death when their own little ones are smitten by a fell disease, and try to conceive of the gratitude that would fill them and thrill them could they only get into the light and *know* that confidence in *indicated* specifics which we are vouchsafed by our Law. O my Fellow Physicians are we merely parasites who have fastened upon Truth only that we may fatten our little selves on her very life-blood? Well, we may gorge ourselves, but we must one day drop off, and then we shall rot, and then we shall smell to heaven, and carry a stained if not a stinking record there. The Truth can never die. As a part of Him who was before Time was, she will return to Him when Time is no more, and then we shall be too shamefast to ever look her in the face.

It is charity* that has permitted us the knowledge of the truth which distinguishes our practice and crowns our poor endeavors with such cheering results, and we, too, must beware lest we *abuse* charity.

[There is a mean, cowardly something inside which makes the Table half shrink from putting such old-fashioned and *passer* (that's a polite euphuism for "played out") sentiments into print; but the Table has *thought* them, and down the thought must go.]

This homily (by the most unworthy of Tables or men) is partly suggested by the question:—Why is not a good library owned by the *New York County Hom. Medical Society*? This, the strongest Hom. Med. Society in the State, true to the Homœopathic habit, is even now holding out its hat in the genuine mendicant fashion. You can read its somewhat whining appeal in back numbers of this journal. Now, it is a good deal with books as it is with the old clothes sent in missionary boxes—only such are donated as can not be sold for rags.

These cotton-paper contributions will never make a library. The only paper that will do the thing to-day is made of linen and curiously stained with green and black coloring. Out with the stuff, and let it be exchanged for full sets of rare and valuable journals,

*"Now abydeyth fayth, hope, and love, even these three; but the chiefest of these is love."—*The Geneva Testament, Anno Dom. 1537.*

Hospital and Society Transactions, antique tomes not often to be found, but each the splendid mausoleum of regally splendid truths—in a word, such works as the mass can never own, and the earnest student, alas, too seldom!

When the Society as a Society has first *helped itself*, men are nearly as imitative as monkeys, and they are sure to try and do likewise.

P. S.—Are there no white-haired and wearied workmen only waiting for the home-call? Oh, don't let those dear companions of an honest life and an useful be scattered to the four corners of heaven when the loving hands that gathered them can turn their leaves no more. Before to-day the Table has felt as deeply saddened in an "old book" store as he ever did at a grave—saving always, O dear little blue eyes, *thy* resting-place (little to all the world, but all the world to those who left thee there). It was not so long since that Thomas Hawkes Tanner, M. D., died in London, and the Table found many of his books (at once his companions and his tools) offered for sale in New York. Where a widow and little ones are left needy, these precious relics must go into the market-place; yet, he who has known what it is to love a good book will not witness this separation, even though his shelves be enriched by the accident thereof, without a throb of pity which words may not express. But there be those whose day of toil was not without its reward here, and who leave none of their own to follow their calling—and, surely, a son loyal to his father's memory would feel an honest pride in seeing his father's books preserved in an unbroken companionship, and honored for the sake of him who had gathered them in his need, and left them a token of good will to his guild.

A physician may leave two monuments—one in his life-work, the other in his library; and, as a rule, the latter lasts the longer, because man has such a poor memory for deeds and such a good one for things. Who desires the *ante-mortem* pleasure of looking at his own monument snugly shelved in some Society-library? Don't all speak at once, because it takes time to arrange books and to catalogue them.



NOTES AND PERSONALS.

A MAGNIFICENT BALL was given at Standard Hall, Chicago, on the evening of February 5th, in aid of the Chicago Homœopathic Hospital. The affair, from what we learn, was one of unusual brilliancy,

and "among the attendants were some of Chicago's foremost people."

Edward A. Murphy, M. D.—We have received from this surgeon, now rapidly rising to distinction, a copy of his "Notes on Electro-Surgery, with Cases and Operations." We have read this pamphlet with pleasure, as, indeed, did we the article (of which it is a reprint) in the *Medical Investigator* with great pleasure. We have known Dr. Murphy for years, and can recollect when in one of the Western journals his name figured extensively as contributor of papers on surgical science. We trust he will continue in the good path he has chosen.

R. Ludlam, M. D.—Again we note, with pleasure, a successful case of Ovariectomy by Enucleation by this indefatigable gynecologist. The adhesions were carefully broken up by the hand, and the cyst turned out. Not a ligature or torsion was used to suppress hæmorrhage, and the patient made a good recovery.

Isaac James, M. D.—We note with regret the death of this active and zealous worker in the cause of humanity and science. He had attained the age of ninety-seven, and died January 27th, 1874. He graduated in medicine in the University of the State of New York in 1825, and was elected a member of the American Institute of Homœopathy in 1846. He is recorded as being "the oldest Methodist," having associated himself with that religious denomination as far back as 1790. Dr. Isaac James was the grandfather of Bushrod W. and John E. James, M. D., well-known physicians of our school in Philadelphia.

T. P. Wilson, M. D., has just made a flying visit to this city. We did not see the Doctor, as his time was very much occupied.

The Siamese Twins.—It may not be uninteresting to our readers to peruse a letter which appeared in the *New York Courier and Inquirer* for September, 1829, relative to the anatomical formation of the band that connected these remarkable brothers. This letter is said to have been written to Captain Coffin, the master of the ship which brought over the twins, by Dr. Samuel S. Mitchill and Dr. William Anderson. This letter will appear the more interesting, as we shall soon be made acquainted as to the correctness of their views. The communication reads as follows :

NEW YORK, September 24, 1829.

TO CAPTAIN COFFIN :

DEAR SIR,—In accordance with your request, we have the pleasure to communicate the observations made at our visit this day to the Siamese youths.

We find them connected to each other by a band extending from the pit of the stomach of each, made up in the following manner :

The xiphoid cartilage proceeding from the lower part of their two breast-bones, is continuous, and forms a hard elastic upper edge to the band that joins these boys. This cartilaginous structure is concave at its upper part, becoming the upper boundary of a canal in the band, that communicates with the abdominal cavities of both children; from which the canal is necessarily lined by the continued membrane, and the whole is covered by common integuments, or skin. The band thus constituted, is from four to six inches in length and about two in thickness, is rounded at its upper part, and sharp at its under edge, having midway at this part a cicatrix or scar, showing where was connected the single naval-string or umbilicus, which alone nourished these two children before birth.

Into the canal of this almost cylindrical band, there is a protrusion of viscera from the abdomen of each boy, upon every effort of coughing or other exercise; and this protrusion may be of intestine, liver, stomach, or spleen, as either of these parts should respectively present to the openings.

The sense of feeling on the skin of this band is connected with each boy as far as the middle of its length from his body. And their pulse at the wrists happened this day to beat in alternation; one of them was under a slight catarrhal fever, with cough, but it had no influence on the other.

There can be no doubt but that if these boys were separated by the knife, and this band cut across at any part, a large opening would be made into the belly of each that would expose them to enormous hernial protrusions and inflammations that would certainly prove fatal.

We have understood the mother to have noted a very curious fact, worthy the attention of accoucheurs, that, when they were born, the head of one was covered or encased by the lower extremities of the other; and thus they made the easiest possible entrance into the world.

They are so perfectly satisfied with their condition, that nothing renders them so unhappy as the fear of a separation by any surgical operation. The very mention of it causes immediate weeping.

Indeed, there is good reason for this uneasiness, for, as stated above, according to our judgment, there would be the most extreme hazard in any such attempt, and even after cut asunder they would experience much diminution of enjoyment. But it has been urged by many that they ought to be disconnected. We think such opinion is incorrect. It cannot, consistent with our principles and usages, be done without their consent. To this they are totally opposed; and, as they are under the protection of a kind and benevolent gentleman, who we know will take good care of them, and if they live return them to their homes again.

As they are so alert and vigorous, we readily coincide that "in ten seconds they can lay a stout ordinary man on his back."

We are, dear sir,

Your most obedient servants,

SAMUEL L. MITCHILL.
WILLIAM ANDERSON.